NUTRITION

WHERE WE STAND

PEOPLE in the developing countries spend 43% of their income on food, while those in industrialized countries spend 15%.

ABOUT 36%, or 193 million, of children under five in the developing world are moderately or severely underweight. Almost one third, or 69 million, of them are severely malnourished.

IN South Asia, 60% of children under five are underweight; East Asia (except China), 37%; sub-Saharan Africa, 31%; Middle East and North Africa, 23%; China, 21%; and the Americas, 11%.

THE risk of dying from a given disease is doubled for a mildly malnourished child, tripled for a moderately malnourished child and 11 times higher for a child suffering from severe malnutrition.

ON average, 60% of rural children are underweight compared with 40% of urban children.

WORLDWIDE, about 19% of children are born each year weighing less than 2.5 kilograms.

EXCLUSIVE breastfeeding of babies for the first four to six months after birth could save an estimated 1 million lives every year. As of December 1992, 767 hospitals worldwide were committed to or had achieved 'baby-friendly' status, meaning they support and promote exclusive breastfeeding of newborns.

THE lack of vitamin A permanently blinds about 250,000 children every year. A child's chances of dying from common infections rises by 20% if he or she is even mildly deficient in vitamin A.

IODINE deficiency is the single biggest cause of mental retardation. About 6 million people suffer from cretinism and up to 1 billion people have reduced mental and physical abilities because of iodine-deficient diets.

HOW THINGS HAVE CHANGED

IN several regions, severe child malnutrition has been halved at a cost of $10 per child per year.

VIRTUALLY all of the more than 70 developing countries that formerly permitted distribution of free and low-cost infant formula in maternity wards have now banned the practice.

ALTHOUGH the absolute number of malnourished under-fives has grown, the percentage fell from 42% in 1975 to 34% in 1990.

HOW CONTRIBUTIONS HELP

- **$1.00:** A half pound of pea seeds or three packets of lettuce seeds for a school or community garden.
- **$7.06:** A full-size garden hose.
- **$10.00:** 60 fish fingerlings to stock a pond.
- **$23.20:** A feeder for 30 hens.

Convention on the Rights of the Child

States Parties recognize that every child has the inherent right to life. States Parties shall ensure to the maximum extent possible the survival and development of the child.

States Parties shall respect the right of the child to freedom of thought, conscience and religion…

States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse…

States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community…

States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development…

States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts…

States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development…

…States Parties shall take all feasible measures to ensure that persons who have not attained the age of 15 years do not take a direct part in hostilities…

HEALTH

WHERE WE STAND

ALMOST 60% of the approximately 13 million annual child deaths in the developing world result from three diseases – pneumonia (3.6 million), diarrhoea (3 million) and measles (880,000).

THE World Health Organization estimates that about 1 million children in the world are infected with HIV/AIDS. Of the children born to infected mothers, about 1 in 3 will die of the disease, usually before age five.

ESTIMATES suggest 2 million children have been or soon will be orphaned by AIDS, about 90% of them in sub-Saharan Africa. By the year 2000, the number is expected to increase to 10 million.

ABOUT 80% of the world's estimated 500 million disabled people live in developing countries. About 150 million of them are children. In Asia and Africa, estimates suggest that just 1% of disabled children attend school.

EACH year about 1 million to 2 million people die and 120 million become sick from malaria, mostly in sub-Saharan Africa. The disease is responsible for 20-30% of outpatient visits to rural health centres and about 10% of hospital admissions in Africa. The incidence of malaria is increasing as a result of drug resistance.

AN aggressive eradication programme has drastically reduced the number of cases of dracunculiasis (guinea worm disease) in the last several years. Currently, there are about 378,000 reported cases worldwide, but experts estimate the total number of cases at about 800,000.

OVERALL, three quarters of people in the developing world have access to health services. By region: East Asia and the Pacific, 87%; Middle East and North Africa, 77%; Latin America and the Caribbean, 72%; and South Asia and sub-Saharan Africa, 52%. In the least developed countries less than half the population has access to health services.

INDUSTRIAL countries have on average one doctor for every 380 people, while developing countries have one doctor for every 5,080 people.

HOW THINGS HAVE CHANGED

ONE family in three in the developing world now treats diarrhoeal dehydration with oral rehydration therapy, and it is estimated to be saving 1 million lives annually.

THE rate of death from neonatal tetanus has fallen from 1.2 million in 1975 to 500,000 in 1991.

THE Bamako Initiative, which aims to transform traditional government health facilities into community-managed health services, has revitalized nearly 2,000 health centres covering about 20 million people in Africa. A total of 25 countries, 22 of them in Africa, are participating.

HOW CONTRIBUTIONS HELP

- **$1.00:** Three bottles of chloroquine syrup to treat children suffering from malaria.
- **$3.85:** 100 capsules of antibiotic to treat serious infections.
- **$15.17:** A first-aid kit with an instruction book.
- **$36.42:** A baby scale for a mother-child health centre.
- **$75.96:** A kit containing the basic equipment a public health nurse needs to treat and prevent illnesses.

WATER AND SANITATION

WHERE WE STAND

IN the developing world, about 70% of people have access to safe water and about 60% have access to adequate sanitation.

OVERALL, 84% of urban residents in the developing world have access to safe water, but only 65% of rural residents do. Adequate sanitation is available to almost three quarters of urban residents, but to only a fifth of rural residents.

THE disparity between urban and rural access to safe water is greatest in the Middle East and North Africa, where safe water is available to 93% of urban residents but only 56% of rural residents. The disparity is smallest in South Asia, where safe water is available to 85% of urban residents versus 78% of rural residents.

THE presence of clean water and/or sanitation facilities reduces deaths from diarrhoea, on average, by 65% and reduces child deaths by 55%.

HOW THINGS HAVE CHANGED

SINCE the end of the Second World War, the overall percentage of rural families with access to safe water has grown from less than 10% to 65%.

BETWEEN 1981 and 1990, an additional 1.3 billion people acquired access to safe water.

THE cost of providing safe water in Africa has fallen by half since the mid-1980s and now averages $20 per person per year.

HOW CONTRIBUTIONS HELP

- **$10.00:** A plastic latrine pan and outlet pipe to outfit hygienic latrines in areas where the remaining materials are locally available.
- **$75.00:** Complete construction materials for sanitary latrines that convert waste products into harmless fertilizer.
- **$280.00:** 1,000 feet of PVC pipe for a community water supply project.
- **$650.00:** Handpump, pipes and accessories for equipping a deep well.
- **$1692.00:** A portable testing lab to ensure that rural water supplies are safe for drinking.

THE ECONOMY

WHERE WE STAND

ABOUT one fifth of the world's population lives on less than $1 a day.

THE average gross national product (GNP) per capita in the industrialized world is $14,580. In the developing countries it is $810, and in the least developed countries, $240.

THE number of countries designated by the United Nations as least developed increased from 30 to 42 during the 1980s.

IN the developing world, 32% of the population lives in absolute poverty. In urban areas 25% of the population is in poverty; in rural areas, 36%. In the least developed countries 70% of the population lives in absolute poverty.

EVEN with government assistance, 20% of children in the US live in poverty, compared with 9% in Australia and Canada, 8% in the UK, 5% in France, 4% in the Netherlands, 3% in Germany and 2% in Sweden.

THE industrialized world gives about one third of 1% of its GNP in overseas aid, or about $75 a year from each citizen.

THE capital and interest repayments that fall due each year on the developing countries' debt – about $143 billion – amount to three times as much as all the aid the countries receive.

ONLY about 10% of country-to-country aid is allocated directly to basic needs of the poorest people – primary health care, primary education, water and sanitation, and family planning.

THE developing countries as a whole spend more than one third of their budgets on military expenditures and debt service combined.

MILITARY expenditures amounted to 91% of combined health and education budgets in the developing countries in 1977. By 1990, military expenditures had almost doubled to 169% of budgets for health and education.

HOW THINGS HAVE CHANGED

SINCE the end of the Second World War, average real incomes in developing countries have more than doubled.

FROM 1965 to 1989/1991, the percentage of the labour force working in agriculture fell from 72% to 61% in the developing world. The percentage working in industry rose from 11% to 14% and in services from 17% to 25%.

IN the industrialized world the annual growth rate of earnings per employee fell from 2.2% in the 1970-1980 period to 1.4% in the 1980-1989 period. In the developing world the growth rate increased from 1.3% to 4%.

BETWEEN 1979 and 1986, the proportion of families living below the poverty line doubled in the United Kingdom and rose 40% in the United States.

FROM 1960 to 1988/1990, education spending as a percentage of GNP rose from 2.2% to 3.4% in the developing world.

FROM 1970 to 1990, debt service as a percentage of exports increased from 12% to 16% in the developing countries.

SINCE 1960, government military expenditures have fallen from 4.2% to 3.4% of gross domestic product (GDP) in developing countries. But in the least developed countries military expenditures have increased from 2.1% to 2.8% of GDP.

EDUCATION

WHERE WE STAND

IN the developing countries, more than one third of all adults cannot read or write.

MORE than 90% of the developing world's children start school. But because of high drop-out rates in the early years, more than 100 million children aged 6 to 11 – two thirds of them girls – are not in school.

THROUGHOUT the world, 68% of children reach fifth grade. Regional averages are: East Asia and Pacific, 83%; Middle East and North Africa, 81%; Central America and the Caribbean, 66%; South Asia, 50%; and South America and sub-Saharan Africa, 48%. In the industrialized countries, the average figure is 96%.

LESS than 1% of total bilateral aid to the developing world goes to primary education.

IN the industrialized countries 45% of students continue their studies beyond the secondary level. In developing countries 7% of students do.

PEOPLE in industrialized countries have 10 years of schooling on average. In developing countries they have 3.7 years.

HOW THINGS HAVE CHANGED

THE proportion of the developing world's children enrolled in primary school has risen by two thirds in 30 years, from 48% to 78%.

EDUCATION spending per capita doubled between 1975 and 1980 in the developing countries. But in two out of three countries, spending per student declined during the 1980s, and education's share of resources from external donors fell from 17% to 10%.

HOW CONTRIBUTIONS HELP

- **$1.38:** A box of dustless chalk.
- **$14.89:** A set of wooden blocks for a day-care centre.
- **$28.48:** A teacher's set of materials for primary education.
- **$94.50:** An elementary school science teaching kit.
- **$181.00:** A set of beginner's carpentry tools for a pre-vocational training programme.

WOMEN AND GIRLS

WHERE WE STAND

OF the 950 million illiterate adults in the world, two thirds are women.

IN the developed countries 93% of girls and 91% of boys attend secondary school. In the developing countries, the comparable figures are 35% of girls and 47% of boys.

WOMEN work longer hours than men in almost all societies. In Africa and Asia (except Japan), women work an average of 13 hours more per week than men; in Eastern Europe and the countries of the former Soviet Union, 7 hours; in Latin America, 6 hours; in Western Europe, 5 to 6 hours.

IN no country do women earn as much as men. Throughout the world, women earn anywhere from 52-90 cents for every dollar earned by men.

IN Africa and Asia, more economically active women work in agriculture, whereas in the other regions most women work in the service sector. Latin America and the Caribbean have the smallest proportion of women working in agriculture, just over 10% of economically active women, while sub-Saharan Africa has the highest proportion, almost 80%.

THE proportion of households headed by women has risen in all regions. In Latin America and the Caribbean, about 29% of households are headed by women. In Africa women head 21% of households and in Asia and the Pacific, 14%. In the developed regions women are heads of about 12% of the households. In the developed regions almost half of these women are elderly, compared with at least one quarter in the developing regions.

CURRENTLY, only 10 of the 184 United Nations member States are headed by women.

HOW THINGS HAVE CHANGED

BETWEEN 1975 and 1987, women's parliamentary representation increased in every region. In 1987 it ranged from a high of about 28% in Eastern Europe and the USSR to about 3% in northern Africa. From 1987 to 1990, however, political restructuring in Eastern Europe led to a steep decrease in women in legislative bodies. Worldwide, about 11% of parliamentary seats are now occupied by women, compared with 13% in 1989.

FEMALE illiteracy fell in all regions of the world between 1970 and 1990. In sub-Saharan Africa, the percentage of women who are illiterate fell from 80% to 49%; in northern Africa and western Asia from 78% to 42%; in southern Asia from 75% to 55%; in east and southeast Asia from 39% to 12%; and in Latin America and the Caribbean from 19% to 9%.

IN 1990, 55% of women in developing countries were literate versus 33% in 1970. In the least developed countries, female literacy doubled, from 18% in 1970 to 36% in 1990.

INCREASING numbers of women are becoming teachers, traditionally one of the first professions open to women. Between 1970 and 1984, the percentage of women teachers at the primary level increased from 29% to 39% in Africa, from 38% to 49% in Asia and the Pacific, and from 70% to 75% in Latin America and the Caribbean.

IMMUNIZATION

WHERE WE STAND

THE goal of immunizing 80% of the world's children against the six major preventable diseases was achieved by the end of 1990. This level of immunization saves 3 million lives and prevents 50 million cases of measles and 400,000 cases of paralytic polio annually.

THE year 2000 goal of immunizing 90% of children against measles has already been reached in 12 countries.

IMMUNIZATION coverage for children under one year in the developing countries is now: tuberculosis, 85%; diphtheria, whooping cough, tetanus, 78%; polio, 80%; measles, 77%.

HOW THINGS HAVE CHANGED

SINCE achieving the 80% goal, 51 countries have maintained or increased immunization levels; coverage has fallen in 48 countries, mostly sub-Saharan African countries whose health systems are weak or have been disrupted by civil unrest.

IN 1992 vaccine prices increased by 23%.

THE last case of polio in the western hemisphere was reported in Peru in September 1991, and southern Africa has not recorded a case in almost a year.

IN the eastern hemisphere, the number of polio cases has declined from half a million annually 10 years ago to 100,000 a year now.

THE percentage of pregnant women vaccinated against tetanus in developing countries increased from 14% to 54% between 1981 and 1991.

HOW CONTRIBUTIONS HELP

- **$0.45:** A box of 12 hypodermic needles.
- **$1.00:** Enough vaccine to immunize six children against the triple threat of diphtheria, whooping cough and tetanus.
- **$9.45:** A module to teach people how to store vaccines in cold chain equipment.
- **$15.00:** All the costs – needles, syringes, vaccines and cold storage – to immunize one child against the six leading diseases.
- **$32.23:** An insulated portable vaccine carrier and ice packs to maintain the potency of 500 doses of vaccine.

MATERNAL HEALTH

WHERE WE STAND

MATERNAL mortality rates differ more between the developing and the industrialized worlds than any other health indicator.

OF the approximately 500,000 women who die every year from causes related to pregnancy and childbirth, 99% are in developing countries.

ON average throughout the world, 310 women die from pregnancy-related causes for every 100,000 births. In the industrialized world, the figure is 13. Regional figures are: sub-Saharan Africa, 590; South Asia, 490; South America, and Middle East and North Africa, 210; East Asia and the Pacific, and Central America and the Caribbean, 160.

OVER her lifetime, a woman in the industrialized countries has a 1 in 3,600 chance of dying from pregnancy-related causes. In East Asia and the Pacific, the risk is 1 in 200; Central America and the Caribbean, 1 in 150; South America, 1 in 130; Middle East and North Africa, 1 in 80; South Asia, 1 in 40; sub-Saharan Africa, 1 in 20.

FOR every woman who dies of pregnancy-related causes, another 15 to 20 suffer some form of lifelong disability.

IN the developing world 59% of pregnant women receive prenatal care, versus 98% of women in the industrialized countries.

AN average of 51% of pregnant women suffer from anaemia in the developing world.

IN developing countries 55% of births are attended by trained health personnel. In the industrialized world trained staff attend 99% of births. In the developing countries births are more often attended by traditional birth attendants, whereas in the industrialized countries the attendant is more likely to be an obstetrician.

BY region, the percentage of births attended by trained health personnel is: East Asia and the Pacific, 81%; Latin America and the Caribbean, 80%; Middle East and North Africa, 55%; sub-Saharan Africa, 36%; and South Asia, 30%.

IN countries with very high infant death rates, 35% of births are attended by trained health personnel on average. In countries with low infant death rates, 97% of births are assisted by trained personnel.

THE average age of women at first marriage in the developing world is 20.7 years, versus 23.5 in the industrialized countries.

HOW THINGS HAVE CHANGED

THE percentage of births attended by trained health personnel in developing countries rose from 52% in 1988 to 55% in 1990.

THE percentage of low-birth-weight babies went down very slightly in Asia and in Latin America and the Caribbean between 1979 and 1990. It remained virtually the same in Africa.

OVER the last 20 years, rates of maternal mortality and anaemia among pregnant women in the developing world have not improved.

HOW CONTRIBUTIONS HELP

- **$2.50:** A pair of forceps for a maternity centre.
- **$32.97:** A midwifery kit for a traditional birth attendant.

POPULATION

WHERE WE STAND

THERE are 1.8 billion children under 16 worldwide, of whom about one third are under five.

FERTILITY rates have fallen in every region except Africa, and recent surveys suggest they may be starting to decline there.

BY about the year 2000, the annual number of births in the developing world will have reached its peak.

WOMEN with no schooling have on average almost twice as many children as those with seven or more years of education.

THROUGHOUT the world, women have an average of 3.4 children each. The regional figures are: sub-Saharan Africa, 6.5; Middle East and North Africa, 5.0; South Asia, 4.4; Central America and the Caribbean, 3.5; South America, 3.0; East Asia and the Pacific, 2.6. Women in the industrialized countries give birth on average to 1.8 children each.

IN developing countries about 50% of women use contraceptives, versus 72% in industrialized countries.

AN additional 20-30%, or 120 million, of married women in the developing world would like to use contraceptives but lack access to them.

ABOUT one pregnancy in five in the developing world is unwanted. Every year, about 100,000 women die as a result of illegal abortions.

THE rate of population growth in the developing world would fall by about 30% if women could choose the number and spacing of their children. Thus, the world would have about 1 billion fewer people than currently projected by the year 2025.

HOW THINGS HAVE CHANGED

SEVENTEEN nations have reduced the number of births per woman by half or more since 1960, a fertility reduction unprecedented in demographic history.

IN the last decade alone, births per woman have fallen by one child or more in 21 nations.

THE desired family size in developing countries fell from 4.5 children in the 1970s to 3.5 children in the 1980s.

CHILD MORTALITY

WHERE WE STAND

EVERY year, about 13 million children under five years die in the developing world. But despite population growth, the absolute number of child deaths is falling.

TWO thirds of the world's under-five deaths occur in just 10 countries.

THROUGHOUT the world, 97 children die per 1,000 births; in the industrialized countries, the figure is 11 children. Regional averages are: sub-Saharan Africa, 183; South Asia, 131; Middle East and North Africa, 86; East Asia and the Pacific, 57; South America, 54; and Central America and the Caribbean, 48.

NEARLY 1 child in 10 dies before reaching the age of five in the developing countries, versus 1 in 59 in the industrialized countries.

EVERY hour 600 children under five years of age die, of whom 586 are in developing countries.

AS a result of wars, during the past decade 1.5 million children have been killed, more than 4 million have been physically disabled, more than 5 million have been forced into refugee camps and more than 12 million have lost their homes.

HOW THINGS HAVE CHANGED

SEVENTY years ago, child death rates in the cities of the industrialized world were higher than they are on average in Africa today.

CHILD death rates in the developing world have fallen by half since 1960, from 216 under-five deaths per 1,000 births to 106 deaths in 1991.

IN the early 1980s an average of 40,000 children died every day; 10 years later, despite increasing population, the number is down to 35,000.

IN 20 nations the infant mortality rate has been halved in the last 10 years.

WHILE overall child death rates declined by more than 20% in the 1980s, they increased in seven countries, primarily because of war, civil unrest and economic upheaval.

Convention on the Elimination of All Forms of Discrimination against Women

States Parties shall take all appropriate measures to eliminate discrimination against women:

…to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

…in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right to vote in all elections and public referenda and to be eligible for election to all publicly elected bodies…

…to ensure…the same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas…

…to ensure…access to health care services, including those related to family planning…

…in rural areas in order to ensure…that they participate in and benefit from rural development…

…in all matters relating to marriage and family relations and in particular…to ensure the same right freely to choose a spouse and to enter into marriage only with their free and full consent…

unicef
United Nations Children's Fund

MID-DECADE GOALS

The World Summit fo hildren adopted a set of goals for children to be achieved by the yea 2000. The following interim goals have been established for 1995:

- Eliminate neonatal tetanus. Clean and safe ch rth prevents transmission of this disease, which generally occurs when hands, instrume or surfaces are not clean during delivery.
- Reduce measles deaths by 95% and measles c by 90%. Special immunization campaigns may be necessary in some countries and cities t have trouble sustaining a level of vaccination coverage at 85% to 90%.
- Eliminate polio in selected countries and regio . Polio-free zones are to be established and expanded; these areas will receive extra attent n, such as surveillance to ensure they remain polio free and house-to-house vaccination can igns in high-risk areas.
- Increase immunization coverage to 80% or m e of children in all countries. Efforts will focus on, among other things, reducing the 'dr p-out rate', or the percentage of children who begin but do not complete the full series of vac inations.
- Achieve 80% usage of oral rehydration therap to help control diarrhoeal diseases. About half of all diarrhoeal deaths are from dehydrat on which can be easily controlled by a simple solution of water, sugar and salt.
- Make all hospitals and maternity centres 'baby-friendly' by ending distribution of free and low-cost supplies of infant formula and breastmilk substitutes and following the 'Ten Steps to Successful Breastfeeding' recommended by UNICEF and the World Health Organization.
- Achieve universal iodization of salt as a step towards eliminating iodine deficiency disorders, the single largest cause of mental retardation.
- Eliminate vitamin A deficiency. This dietary deficiency, which permanently blinds 250,000 children every year, could be reduced by giving vitamin supplements to children during measles immunization and at 18 or 24 months of age.
- Eradicate dracunculiasis (guinea worm disease). This parasitic disease, which causes crippling pain to about 800,000 people in sub-Saharan Africa and South Asia, is being eradicated through collaborative efforts among organizations and governments.
- Achieve universal ratification of the Convention on the Rights of the Child.

'FIRST CALL' FOR CHILDREN

Since the unanimous adoption of the Convention on the Rights of the Child by the United Nations General Assembly in 1989 and by the World Summit for Children in 1990, the leaders of the world have agreed to be guided by the principle of 'first call' for children. This principle appeals for the essential needs of children to receive high priority in the allocation of resources, in bad times as well as good, from the family circle to the highest levels of government and international organizations.

In support of this principle, UNICEF has targeted 1995 for universal ratification of the Convention on the Rights of the Child. This human rights convention spells out children's fundamental rights to survival, development, protection and participation in society and calls on national governments to safeguard those rights. More than three quarters of the world's countries have ratified the Convention.

Advocacy efforts are now emphasizing its implementation. How the Convention is put into effect will vary by country and in many cases will require legislation. But laws alone will not be enough. Only with a broad educational effort and social mobilization activities that reach all levels of society will people accept the need to change attitudes about children and treatment of them. Within two years of ratifying the Convention, every nation is obliged to report to the Committee on the Rights of the Child on efforts made to meet the Convention's provisions.

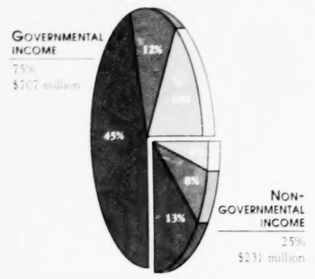
A Plan of Action adopted by the World Summit for Children sets out specific goals that nations can strive to achieve for the survival, protection and development of children in the 1990s. They are: reduction in child and maternal deaths; halving of malnutrition rates; universal access to safe water and basic education; and protection of children in war and of those subjected to exploitative work conditions, abuse or neglect. Each country is to formulate its own programme of action for children to meet those goals; more than two thirds of the world's nations, home to over 90% of the world's children, have either completed or are preparing these programmes.

Another means for ensuring that children get 'first call' on the world's resources is '20/20 vision', as suggested by the United Nations Development Programme and UNICEF. Under this concept, developing countries would devote at least 20% of their budgets to the priority human needs of their people and a corresponding percentage of all international development aid would support these same needs: primary health care, nutrition, basic education, family planning, and safe water and sanitation. Currently such needs command about 10% of budgets.

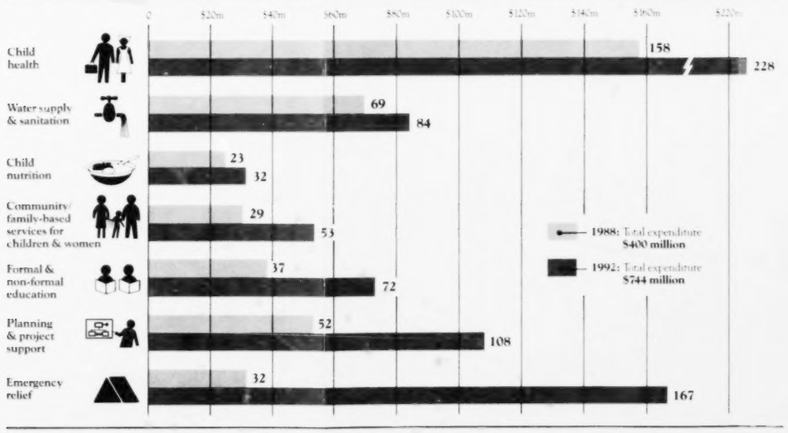
The fact that these initiatives are all products of the 1980s, the 'lost decade of development', underscores the growing worldwide momentum in support of children. Along with the achievement of universal immunization during the same period, these initiatives prove that even in the midst of a global economic downturn, the world can muster resources for its most vulnerable citizens. The post-cold war peace dividend, widely anticipated as a tool to repair social and environmental damage and alleviate poverty, has brought little benefit. But the successes of the last decade are a promising example of what can be accomplished when the world finds the will to give 'first call' to children.

UNICEF INCOME BY SOURCE 1992

Total income: $938 million

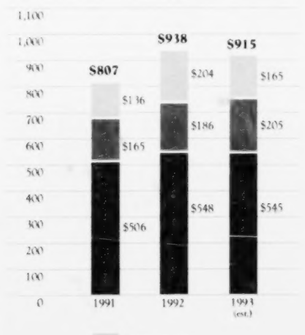


UNICEF EXPENDITURES ON PROGRAMMES BY SECTOR 1988/1992



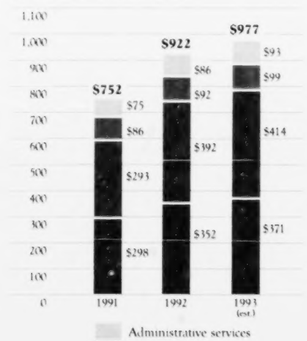
UNICEF INCOME 1991-1993

$1,200 (in millions of US dollars)



UNICEF EXPENDITURES 1991-1993

$1,200 (in millions of US dollars)



CONTRIBUTIONS TO SUPPLEMENTARY FUNDS FROM INTERGOVERNMENTAL ORGANIZATIONS

(in thousands of US dollars)

AGFUND (Arab Gulf Programme for the United Nations Development Organizations)	400.0
EEC (European Economic Community)	4,729.5
IDB (Inter-American Development Bank)	3,075.0
OPEC Fund (Organization of Petroleum Exporting Countries)	1,000.0
Total	**9,204.5**

UNICEF PROGRAMMES FROM GENERAL RESOURCES

UNICEF cooperates in programmes in 137 countries:
45 in sub-Saharan Africa; 35 in Latin America; 34 in Asia; 14 in the Middle East and North Africa; and 9 in Eastern Europe and Central Asia.

Afghanistan	1992-94: $16,500,000	Gambia	1992-96: $3,750,000	Niger	1990-94: $10,195,000
Albania	1993-95: $3,000,000	Ghana	1991-95: $11,625,000	Nigeria	1991-95: $65,000,000
Algeria	1991-95: $3,750,000	Guatemala	1992-96: $5,000,000	Oman	1991-95: $3,750,000
Angola	1991-95: $11,000,000	Guinea	1991-95: $9,250,000	Pacific Islands[3]	1992-96: $7,150,000
Argentina	1991-95: $3,750,000	Guinea-Bissau	1989-93: $2,715,000	Pakistan	1992-96: $71,500,000
Armenia	1993-94: $2,000,000	Guyana	1990-94: $3,168,000	Panama	1992-96: $3,750,000
Azerbaijan	1993-94: $2,000,000	Haiti	1993-mid-1995: $7,305,000	Papua New Guinea	1993-97: $5,260,000
Bangladesh	1993-95: $52,500,000			Paraguay	1993-94: $1,371,000
Barbados[4]	1992: $100,000	Honduras	1991-95: $3,750,000	Peru	1992-96: $7,450,000
Belize	1992-96: $3,750,000	India	1992-95: $175,000,000	Philippines	1994-95: $21,500,000
Benin	1990-94: $5,404,000	Indonesia	1990-95: $62,450,000	Rwanda	1993-97: $9,900,000
Bhutan	1992-96: $5,000,000	Iran, Islamic Rep. of	1991-95: $6,000,000	Sao Tome and Principe	1991-95: $2,500,000
Bolivia	1993-97: $6,875,000	Iraq	1991-94: $4,000,000	Senegal	1992-96: $6,500,000
Botswana	1990-94: $4,605,000	Jamaica	1990-94: $3,043,000	Seychelles[4]	1992: $50,000
Brazil	1990-95: $9,552,000	Jordan[1]	1991-95: $5,000,000	Sierra Leone	1991-95: $6,250,000
Burkina Faso	1993-94: $5,500,000	Kazakhstan	1993-94: $2,000,000	Somalia	1992-94: $6,325,000
Burundi	1993-97: $7,150,000	Kenya	1990-93: $19,551,000	South Africa	1992-94: $5,000,000
Cambodia	1992-94: $9,000,000	Kyrgyzstan	1993-94: $2,000,000	Sri Lanka	1992-96: $6,875,000
Cameroon	1991-95: $4,900,000	Korea, Dem. People's Rep. of	1993-96: $5,000,000	Sudan	1991-95: $25,000,000
Cape Verde	1990-94: $3,305,000	Korea, Rep. of	1990-93: $1,800,000	Suriname[4]	1992: $100,000
Central African Republic	1993-97: $6,000,000	Lao People's Dem. Rep.	1992-96: $6,600,000	Swaziland	1991-95: $2,500,000
Chad	1990-94: $7,500,000	Lebanon[1]	1992-96: $5,000,000	Syria[1]	1991-95: $4,500,000
Chile	1991-95: $3,750,000	Lesotho	1992-96: $5,000,000	Tanzania	1992-96: $18,500,000
China	1994-95: $36,000,000	Liberia	1992-94: $3,000,000	Tajikistan	1993-94: $2,000,000
Colombia	1993-97: $6,050,000	Madagascar	1990-94: $12,500,000	Thailand	1989-93: $14,000,000
Comoros	1990-94: $3,181,000	Malawi	1992-96: $16,500,000	Togo	1990-94: $4,250,000
Congo	1992-96: $5,000,000	Malaysia	1994-96: $2,250,000	Trinidad and Tobago[4]	1992: $50,000
Costa Rica	1992-96: $3,750,000	Maldives	1990-94: $2,846,000	Tunisia	1992-96: $3,750,000
Côte d'Ivoire	1992-96: $7,700,000	Mali	1993-97: $20,625,000	Turkey	1991-95: $10,000,000
Cuba	1992-96: $5,000,000	Mauritania	1994-96: $5,000,000	Turkmenistan	1993-94: $2,000,000
Djibouti	1989-94: $2,704,000	Mauritius	1990-94: $3,000,000	Uganda	1990-95: $22,800,000
Dominican Republic	1992-96: $5,000,000	Mexico	mid-1990-95: $5,050,000	Uruguay	1992-96: $3,750,000
Eastern Caribbean Islands[2]	1993-97: $5,100,000	Mongolia	1991-95: $2,500,000	Uzbekistan	1993-94: $2,000,000
Ecuador	1994-95: $5,000,000	Morocco	1992-96: $13,200,000	Venezuela	1991-95: $3,750,000
Egypt	1990-94: $21,450,000	Mozambique	1990-95: $27,900,000	Viet Nam	1991-95: $40,000,000
El Salvador	1992-96: $5,000,000	Myanmar	1991-95: $25,000,000	Yemen	1994-98: $12,500,000
Equatorial Guinea	1991-95: $2,500,000	Namibia	1992-96: $5,000,000	Zaire	1993-95: $20,460,000
Ethiopia	1992-94: $49,500,000	Nepal	1992-96: $25,000,000	Zambia	1991-95: $7,360,000
Gabon	1993-95: $2,250,000	Nicaragua	1992-96: $5,000,000	Zimbabwe	1992-96: $6,000,000

UNICEF programmes are approved for multi-year periods. Programme recommendations approved at the 1993 Executive Board session are indicated in colour.

The UNICEF programme budget in each country is allocated according to three criteria: under-five mortality rate (U5MR) – the annual number of deaths of children under five per 1,000 live births; income level (GNP per capita); and the size of the child population.

(1) UNICEF is providing assistance for Palestinian women and children in West Bank and Gaza – $2,175,000 (1992-94); Jordan – $800,000 (1992-93) and $800,000 proposed for 1994-97; Lebanon – $1,050,000 (1992-94); Syria – $800,000 (1991-94).

(2) Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.

(3) Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

(4) Financed from interregional funding only in 1992: Barbados, Seychelles, Suriname, and Trinidad and Tobago.

FACTS AND FIGURES

1993

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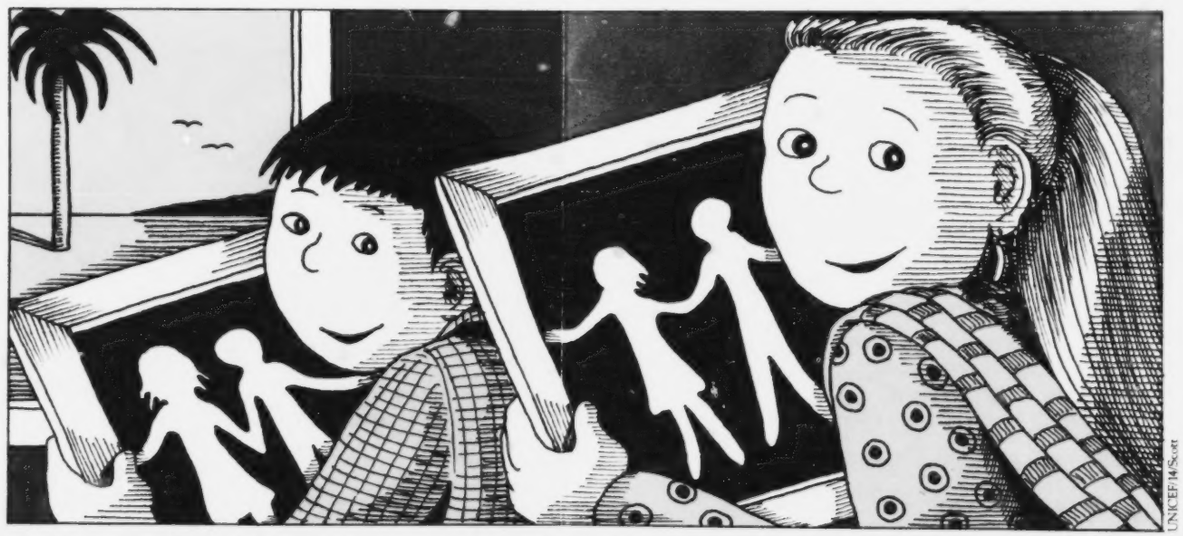
United Nations Children's Fund

UNICEF TODAY

ALMOST 50 years after UNICEF went to work in Europe under a mandate to aid children suffering the aftermath of the Second World War, the organization still acts on behalf of the world's youngest citizens, primarily in developing countries. Particular attention is paid to the major causes of death and disease among children under five. Extra emphasis is also being given to the long-neglected needs of girls, who for centuries have been victims of discriminatory customs and who in many countries are deprived of their basic right – the right to live.

UNICEF concentrates its efforts on fighting 'silent emergencies' – the insidious combination of disease, malnutrition and poverty that kills 35,000 children every day. Two thirds of these children die from causes that are easily preventable at low cost – pneumonia, diarrhoeal dehydration, and six common, immunizable diseases (measles, tuberculosis, tetanus, diphtheria, whooping cough and polio). Millions of lives could also be saved by encouraging a return to exclusive breastfeeding for the baby's first four to six months and by regular monitoring of children's growth, which enables mothers to detect the first signs of trouble and take steps to prevent further deterioration. Much of UNICEF's efforts now focus on 'going to scale' – generating the political will to make these simple, low-cost remedies and preventive strategies available throughout the developing world.

The World Health Organization/UNICEF goal of immunizing 80% of the world's children against the six preventable diseases was achieved in 1990, saving 3 million lives each year. This success resulted from a massive social mobilization campaign that recruited government and religious leaders, the media, the military and millions of citizens. These social mobilization strategies are increasingly being applied to support achievement of other goals, such as slowing the spread of AIDS. They are also being used to develop and sustain the low-cost, community-based actions that are the key to achieving and maintaining a healthy population in developing countries, for which there is little relief in sight from overstretched government resources and logistical difficulties.



UNICEF/Scott

The importance of parents and community members in safeguarding children's health and well-being underlies these approaches.

Just when the world is becoming mobilized to fight these silent emergencies on a grand scale, a number of 'loud' emergencies have arisen, requiring reallocation of efforts and resources. Assistance to people suffering the effects of armed conflicts and natural disasters accounted for 22% of UNICEF expenditures in 1992, the highest percentage in many years. At the same time, the ongoing worldwide economic downturn has reduced resources.

In addition to the traditional activities aimed at children's survival and well-being, UNICEF works to encourage peace and an understanding of development issues among children in both the developing and the industrialized countries through an education for development programme. It has operated since 1990 primarily through the UNICEF National Committees. It supports countries' efforts to encourage young people to become concerned about peace, justice, children's rights, respect between peoples, sustainable development and the environment, and to participate in local action for change.

UNICEF is an integral but semi-autonomous part of the United Nations, with its own Executive Board that generally meets once a year to establish policy, review programmes and approve budgets. UNICEF works in partnership with the national and local governments of the developing countries to determine children's greatest needs and develop strategies to fulfil them. Additional support comes from non-governmental organizations all over the world and from National Committees for UNICEF, which function primarily in the industrialized countries.

UNICEF operates within a largely decentralized structure through a network of more than 200 offices in 117 countries. More than 80% of the organization's staff members serve in field locations. Of the total staff of 6,288 at the end of 1992, 65% were professionals from developing countries, and 35% of international professionals were women. ❑

UNICEF PARTNERS

UNICEF is unique among United Nations agencies in the level of funding that it receives from the public, and even the support that governments provide is voluntary. A total of 113 industrialized and developing countries made governmental contributions in 1992, amounting to 75% of UNICEF revenue. The private sector in 119 countries contributed 25% of revenue.

Much of this private-sector funding resulted from the efforts of the National Committees for UNICEF. The Committees, most of which are in industrialized countries, play an important role in generating public understanding of the needs of children in developing countries and of how UNICEF works to meet those needs. The Committees undertake advocacy and public education activities and raise money through greeting card sales and other fund-raising efforts.

Currently there are 33 National Committees representing the countries listed below and a Committee representing Hong Kong. In several other countries – among them Cyprus and the Republic of Korea – Committees are in the process of being formed.

Australia
Austria
Belgium
Bulgaria
Canada
Denmark
Finland
France
Germany
Greece
Hungary
Ireland
Israel
Italy
Japan
Latvia
Lithuania
Luxembourg
Netherlands
New Zealand
Norway
Poland
Portugal
Romania
San Marino
Slovakia
Spain
Sweden
Switzerland
Turkey
United Kingdom
United States
Yugoslavia, Federal Republic of

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UNICEF Geneva Office
Palais des Nations
CH – 1211 Geneva 10, Switzerland

UNICEF Eastern and Southern Africa Regional Office
P.O. Box 44145, Nairobi, Kenya

UNICEF West and Central Africa Regional Office
B.P. 443, Abidjan 04, Côte d'Ivoire

UNICEF The Americas and Caribbean Regional Office
Apartado Aéreo 75 55, Bogotá, Colombia

UNICEF East Asia and the Pacific Regional Office
P.O. Box 2-154, Bangkok 10200, Thailand

UNICEF Middle East and North Africa Regional Office
P.O. Box 811721, Amman, Jordan

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